

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 5898000159

First Inventor Dennis R. WIESE

Title IMPROVED PRINTING PROCESS

Express Mail Label No. EL623521690US

APPLICATION ELEMENTS		ADDRESS TO:
See MPEP chapter 600 concerning utility patent application contents.		Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
3. <input checked="" type="checkbox"/> Specification [Total Pages 20] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) — on 4 pages - Abstract of the Disclosure — on 1 page	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 2] 5. Oath or Declaration [Total Pages 2] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed)	9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney	
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	11. <input type="checkbox"/> English Translation Document (if applicable)	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input checked="" type="checkbox"/> Other: Express Mailing Certificate	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part (CIP) of prior application No: _____ /

Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here)	or <input checked="" type="checkbox"/> Correspondence address below			
Name	HARNESS, DICKEY & PIERCE, P.L.C.			
Address	P.O. BOX 828			
City	BLOOMFIELD HILLS	State	MI	Zip Code
Country	USA	Telephone	(248) 641-1600	Fax

Name (Print/Type)	ANNA M. BUDDE	Registration No. (Attorney/Agent)	35,085
Signature	Anna M. Budde		Date

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

J1002 U.S. PRO
09/771105

01/26/01

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 750

Complete if Known

Application Number	
Filing Date	January 26, 2001
First Named Inventor	Dennis R. WIESE
Examiner Name	
Group / Art Unit	

Attorney Docket No. 5898000159

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number

08-0750

Deposit Account Name

Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17

Applicant claims small entity status.
See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	710
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$ 710

2. EXTRA CLAIM FEES

Total Claims	19	-20**	= 0	Extra Claims	Fee from below	Fee Paid
Independent Claims	3	-3**	= 0	X		0
Multiple Dependent				X		0

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
103	18	203	9	Claims in excess of 20	
102	80	202	40	Independent claims in excess of 3	
104	270	204	135	Multiple dependent claim, if not paid	
109	80	209	40	** Reissue independent claims over original patent	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$ 0

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES		Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive – unavoidable	
141	1,240	241	620	Petition to revive – unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	130	123	130	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	40.00
146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	
Other fee (specify)					
*Reduced by Basic Filing Fee Paid					SUBTOTAL (3) (\$ 40

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	ANNA M. BUDDE	Registration No. Attorney/Agent)	35,085	Telephone	(248) 641-1600
Signature	<i>Anna M. Budde</i>				

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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January 26, 2001

Assistant Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

Sir:

EXPRESS MAILING CERTIFICATE

Applicant: Dennis R. WIESE

Serial No (if any):

For: IMPROVED PRINTING PROCESS

Docket: 5898000159

Attorney: Anna M. Budde

"Express Mail" Mailing Label Number EL623521690US

Date of Deposit January 26, 2001

I hereby certify and verify that the accompanying return postcard, check in the amount of \$750.00, Utility Patent Application Transmittal (in duplicate), Fee Transmittal (in duplicate), Specification on 20 pages, including claims on 4 pages and Abstract on 1 page, with attached executed Declaration and Power of Attorney, Recordation Form Cover Sheet (in duplicate) with attached executed Assignment, Formal Drawings (2 sheets, Figures 1-3), Information Disclosure Statement and Form 1449 with attached 3 U.S. Patent Documents, are being deposited with the United States Postal Service "Express Mail Post Office To Addressee" service under 37 C.F.R. 1.10 on the date indicated above and are addressed to the Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.


Signature of Person Mailing Document(s)
MARY ANN SHINER